_		PART V _ VA	COUNSELING		
4A	IF YOU WOULD LIKE PROFESSIONAL EDU	ICATIONAL AND VOCATIONAL		24B. TELEPHO	ONE NUMBERS (Include Area Code)
	COUNSELING TO ASSIST YOU IN PLANNIN PLEASE WRITE "YES" IN THIS BOX AND PINUMBER IN ITEM 24B. PLEASE SKIP TO PA	NG AN EDUCATIONAL PROGRAM, ROVIDE YOUR TELEPHONE		HOME	WORK
	VA COUNSELING.	PART VI EDUC	CATIONAL PLAN		
fyc	ou have selected the program for which you	would like to receive VA educational bene	efits, please complete Items 25	5 and 26.	
5A.	IF YOU KNOW THE PROGRAM YOU WANT PROFESSIONAL OR VOCATIONAL GOAL Y occupation!	WHAT IS THE FINAL EDUCATIONAL, YOU PLAN TO REACH? (Highest degree or	25B. IF YOU HAVE SELEC' BE TAKING (List each	TED YOUR PROGE	RAM, DESCRIBE THE COURSE(S) YOU WILL or vocational course)
:5C	C. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT		25D. EXPECTED DATE OF ENROLLMENT 25E		E. LENGTH OF PROGRAM
			25F. EDUCATION OR TRAIN	HING WILL BE BY	
			SCHOOL ATTENDAN INDEPENDENT STUD	oy []	APPRENTICESHIP OR ON-THE-JOB CORRESPONDENCE (Spouse or surviving spouse only)
	26. ESTIMATED COST OF YOUR COMPLETE PROGRAM	A. TUITION	B. BOOKS AND OTHER FEE	S	C. TOTAL COST
		S PART VII - ELECTION (S	ON OR DAUGHTER ONLY)		
con	PORTANT – The commencement of npensation, pension, or dependency a STRUCTIONS CAREFULLY BEFOR	f a program of education or special re and indemnity compensation which r	estorative training under C	hapter 35 will	generally prohibit future payments of your school attendance. READ THE
27.	I CERTIFY THAT I understand the effects the following date:	s of an election of Chapter 35 benefits and	that I elect to receive such be	nefits from	MONTH, DAY, YEAR
	REMARKS				
		PART VIII -	- SIGNATURES		
L					
10	ERTIEV THAT the information given in t	nt, guardian, or custodian MUST sign Item this application is true and accurate to the b seling me and supervising my program of ec	est of my knowledge and beli	ef. If I have reque	ested counseling, I authorize release of school
⊢	A. SIGNATURE OF APPLICANT				298. DATE SIGNED
29	A. SIGNATURE OF AFFLICANT				
30	A. IF APPLICANT IS A MINOR, GIVE NAME C CUSTODIAN (Type or print)	DF PARENT, GUARDIAN OR	30B. ADDRESS (Include ZI	P Code)	
31	A. SIGNATURE OF (Check one)	SIGN HERE			31B. TELEPHONE NUMBER
		STODIAN			
1	PENALTY - Willfully false statements as to a r	material fact in a claim for educational benefits is	a punishable offense and may resu	alt in the forfeiture	of these or other benefits and in criminal penalties.